



---

## **RESIDENT with POSITIONING Needs and with RANGE OF MOTION (ROM) LIMITATIONS**

**§483.25 309, §483.25(e) F317 and F318**

**Based on QIS CE Pathway CMS-20066 ADL and/or ROM Status**

**<http://www.aging.ks.gov/Manuals/QISManual.htm>**

**Use of this tool is not mandated by KDADS for regulatory compliance nor does its completion ensure regulatory compliance. It is a resident specific review tool for staff to complete on who needs assistance with repositioning and or has limitations in ROM. Additional critical thinking skills should be applied for a thorough evaluation.**

**DATE DUE:** \_\_\_\_\_

**RESIDENT NAME:** \_\_\_\_\_

**DATE(S) OF COMPLETION:** \_\_\_\_\_

**STAFF COMPLETING RESIDENT REVIEW:** \_\_\_\_\_

**RESIDENT CRITERIA** - Check all criteria applicable to resident selected for review.

- ☐ 1. Unable to position self independently (F309)
- ☐ 2. Had no limitations in ROM upon admission to nursing home and now has limitation in ROM (F317)
- ☐ 3. Has limitations with ROM upon admission to nursing home and may have potential to improve but has not improved or has further declined (F318)

### **CODING INSTRUCTIONS**

- Review the resident's assessment and care plan to see if the resident's concerns and needs were identified and addressed.
- Observe the resident, the care s/he receives and conduct interviews of the resident/family/representative and staff to see if the resident is receiving appropriate care and services.
- Based on your findings:
  - Check the appropriate box: Yes ☐ No ☐
  - If the item does not apply to the resident leave the box blank.

## **F309, F317, F318 RESIDENT with POSITIONING Needs and/or with ROM LIMITATIONS**

---

### **Review ASSESSMENT**

**Does Care Area Assessment (CAA) specify or direct to documentation in clinical record** (MDS, physician orders, therapy notes & other progress notes) that accurately and comprehensively assesses resident's overall condition of needing assistance with positioning and limitations in ROM including following items:

- ☐ ☐ Description of positioning need and/or limitations in ROM
- ☐ ☐ Causal factors (cause) for any limitations in physical functioning that affect positioning and ROM
- ☐ ☐ Strengths and abilities of the resident that can contribute to improvement in range of motion
- ☐ ☐ Presence and degree of contractures
- ☐ ☐ Risk and contributing factors for decline or lack of improvement in ROM such as presence of an unstable condition, acute health problem, pain, change in cognition, behavioral symptoms, visual problems or a change in medications (psychoactive or anticholinergic) that may affect functional performance
- ☐ ☐ Rationale for care plan objective and goal

### **Review CARE PLAN**

#### **Care Plan:**

- ☐ ☐ Has quantifiable, measurable objectives with timeframes to be able to assess whether the objectives have been met
- ☐ ☐ Based upon resident's goals, needs, and strengths
- ☐ ☐ Based upon resident choices and preferences and interdisciplinary expertise
- ☐ ☐ Reflects comprehensive assessment (MDS & CAA)
- ☐ ☐ Consistent with current standards of practice
- ☐ ☐ Promotes resident dignity
- ☐ ☐ Identifies interventions with sufficient specificity to guide provision of positioning
- ☐ ☐ Identifies restorative approaches specific enough to identify steps that both resident and staff will take to improve/ or maintain ROM
- ☐ ☐ Identifies interventions staff will implement for resident whose limitations in ROM affect performing oral care, personal hygiene and maintenance of cleanliness throughout day
- ☐ ☐ Identifies interventions to prevent skin breakdown in areas where contractures are present
- ☐ ☐ Provides for premedication prior to positioning and provision of ROM exercises

## **F309, F317, F318 RESIDENT with POSITIONING Needs and/or with ROM LIMITATIONS**

---

### **Review CARE PLAN continued**

- ☐ ☐ Identifies needed devices, appliances, and equipment
- ☐ ☐ When refers to nursing home protocol for positioning and/or ROM exercises, deviations from or revisions to protocol for resident are clarified
- ☐ ☐ Protocol reference in care plan available to caregivers and staff familiar with protocol requirements

### **Review CARE PLAN REVISION**

**Resident's condition and effectiveness of care plan interventions monitored and care plan revisions based upon following:**

- ☐ ☐ Achieving outcome and/or effects of goals and interventions
- ☐ ☐ Decline or lack of improvement in ROM status
- ☐ ☐ Complication with skin breakdown in areas with contractures
- ☐ ☐ Failure to comply with provision of care for positioning and range of motion activities and alternative approaches developed
- ☐ ☐ Change in condition, ability to make decisions, cognition, medications, behavioral symptoms or visual problems
- ☐ ☐ Evaluation of resident's level of participation with and response to care plan
- ☐ ☐ Resident's refusal or resistance to services requiring alternative means to address positioning and ROM needs.

### **OBSERVE RESIDENT**

**Observe whether staff consistently implement the care plan over time and across various shifts.**

- ☐ ☐ Care provided by qualified staff
- ☐ ☐ Care plan correctly implemented
- ☐ ☐ Staff followed current standards of practice in provision of care related to positioning and ROM exercising
- ☐ ☐ Care provided in a manner that prevents resident from expressing feelings of being ignored, disrespected, embarrassed, humiliated
- ☐ ☐ Resident free of any negative outcomes related provision of care and services

#### **1. For resident who is unable to position him/herself independently**

**Staff:**

- ☐ ☐ Position resident in bed maintaining proper body alignment, with limbs and head supported in a manner to prevent complications related to decreased mobility

## **F309, F317, F318 RESIDENT with POSITIONING Needs and/or with ROM LIMITATIONS**

---

### **OBSERVE RESIDENT continued**

- ☐ ☐ Position resident in chair or reclining chair in correct alignment to prevent leaning, with limbs and head supported, as needed, and seated in a chair of appropriate size

**2. For resident who had no limitations in range of motion prior to admission to the nursing home and now has limitations with *range of motion***

**3. For resident had some limitations with *range of motion* prior to admission to the nursing home, and may have potential to improve but has not improved or has further**

**Staff:**

- ☐ ☐ Provide encouragement and assistance, as needed, in order for resident to complete ROM exercise program as care planned
- ☐ ☐ Perform ROM exercises for resident in a formal or informal exercise program
- ☐ ☐ Provide ROM with the joints supported, and provide movement of extremity in a smooth steady manner to the point of resistance (as assessed) for resident who can't perform ROM exercises
- ☐ ☐ Provide resident with devices, rolls, pads or other types of appliances for areas with contractures
- ☐ ☐ Respond appropriately to any indications of resident discomfort during ROM exercises, and care associated with contractures

### **INTERVIEW RESIDENT/FAMILY/REPRESENTATIVE**

- ☐ ☐ Were you involved in the development of your care plan, approaches and goals?
- ☐ ☐ Do the interventions reflect your choices and preferences?
- ☐ ☐ Are you provided the assistance you need for ROM exercises according to your care plan?
- ☐ ☐ Do you know how to use adaptive devices or exercise equipment for carrying out your ROM exercises?
- ☐ ☐ Do staff provide timely assistance for positioning?
- ☐ ☐ Have staff given you any instructions to help improve or maintain your ROM? Are you able to follow the instructions?
- ☐ ☐ Do you tell staff when you have pain that affects your ability to carry out your AROM/PROM exercises?
- ☐ ☐ Do staff manage your pain effectively so you can carry out your AROM/PROM exercises?
- ☐ ☐ Can you tell me what limitation in ROM or contractures you had before you came to the nursing home?
- ☐ ☐ Have you ever refused any positioning and/or ROM exercises?
- ☐ ☐ Have you participated in any discussions about the potential impact of your refusal?
- ☐ ☐ Did staff offer you other alternatives or other approaches when you refused positioning and/or ROM exercise?

## **F309, F317, F318 RESIDENT with POSITIONING Needs and/or with ROM LIMITATIONS**

### **INTERVIEW RESIDENT/FAMILY/REPRESENTATIVE continued**

- ☐ ☐ Were you involved in revising any care plan strategies & interventions, when positioning techniques and/or exercise, did not work or you refused them?

### **INTERVIEW NURSING STAFF**

**Code based on person verbalizing appropriate answers on the questioned issue.**

- ☐ ☐ What type & amount of assistance is needed by resident for positioning or ROM exercising? (Direct Care & Nurse)
- ☐ ☐ What are the rehabilitation and/or restorative care schedules and instructions to follow?(Direct Care & Nurse)
- ☐ ☐ What is the resident's level of comfort related to positioning and contracture? (Direct Care & Nurse)
- ☐ ☐ Does the resident resist any positioning or ROM exercising and if so, when does the resistance occur (for example, during certain types of care, certain times of the day, certain staff, etc.)? (Direct Care & Nurse)
- ☐ ☐ What is the process for monitoring implementation of care plan? (Nurse)
- ☐ ☐ How do you determine the effectiveness of positioning techniques and ROM exercises/restorative nursing program? (Nurse)
- ☐ ☐ What alternatives and other approaches are offered when resident refused interventions? (Nurse)
- ☐ ☐ If the resident is not on a restorative program, what is the rationale that resident could not benefit from a program (Nurse)

### **INTERVIEW OTHER HEALTH CARE PROFESSIONALS**

**Complete if care provided or interventions do not appear to be consistent with recognized standards of practice.**

Interview one or more health care practitioners and professionals as necessary (e.g., physician, charge nurse, director of nursing) who, by virtue of training and knowledge of the resident, should be able to provide information about the causes, treatment, and evaluation of resident's condition or problem. If attending physician unavailable, interview medical director.

**Code based on person providing appropriate answers on the questioned issue.**

**Identify staff interviewed and their title \_\_\_\_\_**

- ☐ ☐ Has the resident declined in their ROM and what is the reason for their decline?
- ☐ ☐ How were chosen interventions determined appropriate?
- ☐ ☐ What is the rationale for lack of interventions for identified risks related to need for assistance with positioning and having limitations in ROM?
- ☐ ☐ What changes in the resident's condition warrant additional or different interventions?
- ☐ ☐ How do staff validated the effectiveness of current interventions?

## **F309, F317, F318 RESIDENT with POSITIONING Needs and/or with ROM LIMITATIONS**

---

### **INTERVIEW OTHER HEALTH CARE PROFESSIONALS continued**

- ☐ ☐ How do staff monitor approaches for restorative programs, such as policies/procedures, staffing requirements?
- ☐ ☐ How do staff identify problems, assess resident and develop and implement care plans?
- ☐ ☐ How do staff monitor and evaluate resident's responses to plan of care?

### **AFTER REVIEW OF FINDINGS, QA COORDINATOR OR DESIGNEE SHOULD DETERMINE if the facility:**

- ☐ ☐ Recognized and assessed the resident's need for assistance with repositioning and type of assistance
- ☐ ☐ Recognized and assessed factors affecting the resident's need for assistance with positioning and limited ROM
- ☐ ☐ Defined and implemented pertinent interventions consistent with resident's condition, goals, and consistent with recognized standards of practice in order to provide needed services
- ☐ ☐ Monitored and evaluated resident's response to interventions

### **QA COORDINATOR OR DESIGNEE SHOULD ALSO DETERMINE**

- ☐ ☐ If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes (to the extent possible) of the resident's need for assistance with positioning and limitation in ROM, and associated contractures, and the impact upon the resident's function, mood, and cognition? F72
- ☐ ☐ Did the facility develop a plan of care with measurable goals and interventions to address care and treatment related to the positioning and limited ROM needs to (a) ensure provision of care to meet positioning and limited ROM needs (b) prevent decline in ROM abilities or (c) improve functioning, if applicable, in accordance with the assessment, resident's wishes, and current standards of practice? F279
- ☐ ☐ Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care? F282
- ☐ ☐ Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident? F280

**FOLLOW UP "NO" ANSWERS TO DETERMINE NEED FOR CORRECTIVE ACTION PLAN AND REPEAT OF THE TOOL ON THE SAME RESIDENT WITHIN TWO WEEKS OF FOLLOWING THE IMPLEMENTATION OF THE CORRECTIVE ACTION.**